



MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

PART I: GENERAL INFORMATION

Requestor Name and Address: ORTHOPAEDIC SPECIALISTS OF AUSTIN 4611 GUADALUPE ST. STE. 200 AUSTIN, TX. 78751	MFDR Tracking #: M4-09-A475-01
	DWC Claim #:
	Injured Employee:
Respondent Name and Box #: LIBERTY INSURANCE CORP. Box #: 28	Date of Injury:
	Employer Name:
	Insurance Carrier #:

PART II: REQUESTOR'S POSITION SUMMARY AND PRINCIPLE DOCUMENTATION

Requestor's Position Summary taken from the Table of Disputed Services: "Procedure was documented in OP report, "He did get a distal clavicl [sic] excision"

Principle Documentation:

1. DWC 60 Package
2. Medical Bill
3. EOBs
4. Operative Report
5. Total Amount Sought - \$1392.04

PART III: RESPONDENT'S POSITION SUMMARY AND PRINCIPLE DOCUMENTATION

Respondent's Position Summary: "...The provider did not document the amount of the distal clavicle excised; therefore, there is no evidence from the operative report that CPT 29824 was correctly coded...."

Principle Documentation:

1. Response Package
2. A.A.O.S. Bulletin
3. Medical Bill
4. EOBs
5. Operative Report

PART IV: SUMMARY OF FINDINGS

Date of Service	Disputed Service	Calculations	Amount in Dispute	Amount Due
4-13-09	29824-51	N/A	\$1392.04	\$0.00
			Total Due:	\$0.00

PART V: FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Tex. Lab. Code Ann. §413.031 of the Texas Workers' Compensation Act, and pursuant to all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

1. 28 Tex. Admin. Code §133.307 sets out the procedures for health care providers to pursue a medical fee dispute.
2. 28 Tex. Admin. Code §134.203 sets out the fee guidelines for the reimbursement of workers' compensation codes provided on or after March 1, 2008.
3. The service in dispute was denied by the respondent with the following reason code:

Explanation of Benefits dated 6/5/2009:

- 150/X901 – Documentation does not support level of service billed

Explanation of Benefits dated 7/2/2009:

- 150/X901 – Documentation does not support level of service billed

Issues

1. Does the operative report provided support the disputed service billed under CPT code 29824-51 ?

Findings

1. By descriptor, CPT code 29824 is an arthroscopy; shoulder, surgical; distal claviclectomy including distal articular surface. Lay description as provided through Ingenix data is as follows: 'the physician makes two to four small poke hole incisions around the shoulder joint to allow access to all areas of the joint. A solution is pumped through one of these incisions and into the joint to expand the joint for better visualization and to cleanse the joint. The arthroscope is inserted through a hole allowing the physician to perform a diagnostic arthroscopic exam by visualizing the shoulder joint. The physician may shell the bone out of its periosteal lining, including the distal articular surface, when using arthroscopic guidance. To qualify for reimbursement of distal claviclectomy, documentation should support removal of 8-10 mm from the distal clavicle/joint.' A review of the operative report states "...He did get an acromioplasty as well as a distal clavicle excision. This was checked through a couple of different portals to make sure adequate resection of the clavicle and the acromion was done...." The operative report does not identify/state how much of the distal clavicle was excised; there are no millimeters or centimeters identified. The requestor has not supported the billing of CPT code 29824 and payment cannot be recommended.

Conclusion

For the reasons stated above, the division finds that the requestor has failed to establish that reimbursement is due. As a result, the amount ordered is \$0.00.

PART VI: ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code §413.031, the Division has determined that the requestor is entitled to \$0.00 reimbursement for the service involved in this dispute.

Authorized Signature

Medical Fee Dispute Resolution Officer

7-27-10

Date

PART VII: YOUR RIGHT TO REQUEST AN APPEAL

Either party to this medical fee dispute has a right to request an appeal. A request for hearing must be in writing and it must be received by the DWC Chief Clerk of Proceedings within **20** (twenty) days of your receipt of this decision. A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Department of Insurance, Division of Workers Compensation, P.O. Box 17787, Austin, Texas, 78744. **Please include a copy of the Medical Fee Dispute Resolution Findings and Decision** together with other required information specified in Division rule at 28 Tex. Admin. Code §148.3(c).

Under Texas Labor Code § 413.0311, your appeal will be handled by a Division hearing under Title 28 Texas Administrative Code Chapter 142 rules if the total amount sought does not exceed \$2,000. If the total amount sought exceeds \$2,000, a hearing will be conducted by the State Office of Administrative Hearings under Texas Labor Code §413.031.

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.